

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

18657
18657
160

FILED JUN 7 1943

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

160

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
413 E Walnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Donald James Heller

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **male** ☐ 5. Color or race **white**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased **March 2 1939**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 2 9 hr. min.

9. Birthplace **Sedalia Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business **Edward Heller**

12. Name **Hardington Nebraska**
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name **Rose Ann Berning**
15. Birthplace **Iowa** (City, town, or county) (State or foreign country)

16. (a) Informant **Edward Heller** Sedalia Mo.
(b) Address

17. (a) **burial** (b) Date thereof **May 13 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **McLaughlin Bros.**

(b) Address **Sedalia Mo.**

19. (a) **5-13-43** (b) **Anna Berger**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Pettis**
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **413 E Walnut** (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **11** year **1943** hour **7** minute **00** M.

21. I hereby certify that I attended the deceased from **May 10** 1943 to **May 11** 1943 that I last saw him alive on **May 11** 1943 and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial pneumonia** 3da.
Due to **(1) Measles (2) Whooping Cough** 4 wks

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

23. Signature **J. W. Boyer** (M. D.)
Address **Sedalia Mo.** Date signed **5/14/43**

1022 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-3-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert H Reed

.....-Licensed Embalmer No. 3745

P. O. Address Seaside Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.